	IDE	PART	B - FEE(S)	TRAN	NSMITTAL		
Complete and send	this form, together the	th applicable	fee(s), to: M		Mail Stop ISSU. Commissioner f P.O. Box 1450	E FEE or Patents	
	SEP 2 9 2005			,	Alexandria, Vir	ginia 22313-1450	(
Diamoriosto M.: C	3	/ 100	or <u>F</u>		(571) 273-2885	sized) Blooks I through 5	should be completed where
appropriate. All further co indicated unless corrected maintenance fee notification	orm would be used for day orrespondence including the below or distant behavise ons.	Patent, advance of in Block 1, by (	orders and notification of the control of the contr	ication onew co	of maintenance fees respondence address	will be mailed to the curren s; and/or (b) indicating a ser	t correspondence address-asparate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for at 7590 07/11/2005  Ryan, Mason & Lewis, LLP 1300 Post Road, Suite 205  Fairfield, CT 06430		or any change of address)  09865847		]	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
				] { 2	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  Tina Maurice (Depositor's name)		
09/30/2005 WABDELR3 00000042 500762				ſ			
01 FC:1501 02 FC:1504	1400.00 DA 300.00 DA			ľ	(Mue )	Maura	(Signature)
AE LO:1044	500100 Dii				September	77 22	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED I	INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/865,847	05/25/2001	Stefanos Kaxira				DIODATO 9-7-17-2	5066
TITLE OF INVENTION: M	IETHOD AND APPARATU		NG LEAKAGE I	POWEF	R IN A CACHE MEM	ORY	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P		LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	0	, ,	\$300	\$1700	10/11/2005
EXAMINER		ART UNIT		CLA	SS-SUBCLASS		
CAO, CHUN		2115		7	713-300000	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unless	RESIDENCE DATA TO BE an assignee is identified beloat 37 CFR 3.11. Completion of	ow, no assignee o	data will appear	on the	patent. If an assigne	ee is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNE	(B)	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Agere Systems Inc. Allentown, PA, USA							
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Please check the appropriate assignee category or categories (will not be printed on the patent):							
					ont of the fee(s) is enc	losed.	
Publication Fee (No sm	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of 0	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 2762 (enclose an extra copy of this form).						
	ALL ENTITY status. See 37	CFR 1.27.	☐ b. Applicant	is no lo	nger claiming SMAL	L ENTITY status. See 37 CF	FR 1.27(g)(2).
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Authorized Signature	Date September 27, 2005						
Typed or printed name	Registration No. 36,597						
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